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Bib Data Sheet

CONFIRMATION NO. 5754

<b>SERIAL NUMBER</b> 10/670,862	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 10021287-1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

- None - *KDS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - *KDS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>KDS</i> Examiner's Signature Initials				

## ADDRESS

022878

## TITLE

Methods and compositions for identifying patient samples

<b>FILING FEE RECEIVED</b> 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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